

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. <i>09827558</i>	FILING DATE
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
1	1						51		
2		1					52		
3		1					53		
4		1					54		
5		1					55		
6		1					56		
7		1					57		
8		1					58		
9		1					59		
10		1					60		
11		1					61		
12	1						62		
13	1						63		
14	1						64		
15		1					65		
16							66		
17							67		
18							68		
19							69		
20							70		
21							71		
22							72		
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37							87		
38							88		
39							89		
40							90		
41							91		
42							92		
43							93		
44							94		
45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
TOTAL IND.	4						TOTAL IND.		
TOTAL DEP.	11						TOTAL DEP.		
TOTAL CLAIMS	15						TOTAL CLAIMS		